

LISD Child Nutrition Department

FOOD ALLERGY/DISABILITY SUBSTITUTION REQUEST FORM

Form is to be completed by an authorized medical professional. Return completed copy to the Child Nutrition Office.

Mailing Address: 1565 B W. Main St., Lewisville, TX 75067 Fax #: 214-626-1860

Information submitted to Health Services at enrollment is NOT received by the Child Nutrition Department. This includes food allergies and intolerances. A completed Food Allergy/Disability Substitution Request Form is the ONLY record the Child Nutrition Department receives and uses to document any special dietary needs.

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name:	Student ID #:	
School:	Grade Level:	DOB:
Parent/Guardian Name:	Relationship to Student:	
Email:	Daytime Phone #:	
Mailing Address:	City:	Zip Code:
Which meal(s) will your student be eating from the school cafeteria? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> After School Snack		

PART 2: MUST BE COMPLETED BY STUDENT'S TREATING PHYSICIAN (PLEASE PRINT)

Does the student have an identified disability, food allergy, or food intolerance requiring a special diet?

If YES: Complete PART 2



If NO: A special diet is not required

- SEVERE ALLERGY:** Student has a food allergy that is severe or causes an anaphylactic reaction
- MILD ALLERGY:** Student has a food allergy that is less severe or does not cause an anaphylactic reaction
- FOOD INTOLERANCE:** Student has a food intolerance that requires a modified diet
- DISABILITY:** Student has a disability that requires a modified diet

Please choose foods to omit from a student's diet during the school day (select all that apply).

Dairy

Eggs

Soy

- | | | |
|---|--|--|
| <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> Whole Eggs (i.e. scrambled, hard-boiled) | <input type="checkbox"/> Soy protein |
| <input type="checkbox"/> Fluid Dairy Milk Only | <input type="checkbox"/> All menu items with eggs as an ingredient | <input type="checkbox"/> Soybean oil |
| <input type="checkbox"/> All Plain Dairy Products Only (milk, cheese, yogurt, ice cream) | | <input type="checkbox"/> All menu items with soy ingredients (incl. soy lecithin, oil) |
| <input type="checkbox"/> All menu items with dairy as an ingredient | | |
| <input type="checkbox"/> Juice is an acceptable substitute for fluid milk for a milk allergy or intolerance | | |

Nuts

Fish/Shellfish

Wheat/Gluten

- | | | |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish | <input type="checkbox"/> All menu items with wheat as an ingredient |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Celiac |

Other: Please Specify: _____

Texture Modification: Please Specify (blended, chopped, thickener, etc): _____

I certify that the above named student requires food substitutes as described above due to their disability, food allergy, or food intolerance.

Medical Authority Name (Printed): _____ Phone Number: _____

Medical Authority Signature: _____ Date: _____

The Child Nutrition Department will attempt to accommodate the substitutions as requested but reserves the right to modify the menu based on product availability

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or, (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.